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REISSUE PATENT APPLICATION TRANSMITTAL

		Attorney Docket No.	PHN 15,446R						
Address to	a·	First Named Inventor	PAUL H.M. SCHLATMANN						
Audiess (Assistant Commissioner for Patents	Original Patent Number	5,764,313						
	Box Patent Application Washington, DC 20231	Original Patent Issue Date (Month/Day/Year)	06/09/98						
		Express Mail Label No.							
APPLICATION FOR REISSUE OF: (check applicable box) X Utility Patent Design Patent Plant Patent									
APP	LICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS							
	Fee Transmittal Form (PTO/SB/56) Submit an original, and a duplicate for fee processing)	7. Foreign Priority Claim (35 U.S.C. 119) (if applicable)							
2. X S	Specification and Claims (amended, if appropriate) 8. Information Disclosure Copies of ID Statement (IDS)/PTO-1449 Citations								
3. X C	Drawing(s) (proposed amendments, if appropriate) 9. English Translation of Reissue Oath/Declaration (if applicable)								
	Reissue Oath / Declaration (original or copy) (37 C.F.R. § 1.175)(PTO/SB/51 or 52) * Small Entity Statement filed in prior application (37 C.F.R. § 1.175)(PTO/SB/51 or 52)								
ا لکا ہ	Offer to Surrender Original Patent (37 C.F.R. § 1.178)								
or	(PTO/SB/53 or PTO/SB/54) Ribboned Original Patent Grant 12. X Return Receipt Postcard (MPEP 503) (Should be specifically itemized)								
	Affidavit / Declaration of Loss (PTO/SB/55)	13. X Other: Appointment of Associates Charge Auth. (Rule 1.136(a)(3))							
6. Original l	J.S. Patent currently assigned? X Yes No								
// Von 1	ئے اسے	***************************************							
ļ ,	heck applicable box(es))	10000 FOR FORM (8.48. W.	SHAPA VA REFERENCES VA RAV						
	X Written Consent of all Assignees (PTO/SB/53 or 54) X 37 C.F.R. § 3.73(b) Statement X Power of Attorney **NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).								
	14. CORRESPONDEN	ICE ADDRESS							
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)									
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Signature

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REISSUE APPLICATION FEE TRANSMITTAL FORM							PHN 15,446R				
Claims as Filed - Part 1											
Claims in Patent	For		r Filed in Application	Num	(3) ber Extra	Small E Rate	Entity . Fee	<u> </u>	ther than a	Small Entity Fee	
(A) 5	Total Claims (37 CFR 1.16(j))	(B) 10		****	0 =	x \$=		or >	(\$ <u>18</u> =		
(C) 1	Independent laims (37 CFR 1.16(i))	(D) 2		*	1 =	x \$=			\$ <u>78</u> =	\$78.00	
Basic Fee (37 CFR 1.16(h))										\$	
			To	otal F	iling Fee		\$ OR		OR	\$ 838.00	
		Claim	is as Amer	nded -	- Part 2	,	· · ·				
	(1) Claims Remainir	ng	(2) Highest Numbe	mber	(3) er Extra	Small E	ntity		Other than	a Small Entity	
	After Amendme	nt	Previous Paid Fo		Claims Present	Rate	Fee		Rate	Fee	
Total Claims (37 CFR 1.16(j))	***	MINUS	**	•	=	x \$=		or -	x \$=		
Independent Claims (37 CFR 1.16	1))	MINUS	****		=	x \$=			x \$=	· · · · · · · · · · · · · · · · · · ·	
			T	otal A	Additional	Fee	\$		OR	\$	
** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space. **** After any cancelation of claims ***** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20). ****** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C). Please charge Deposit Account No. 14-1270											

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